



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation**

State ☐  
District ☐  
County ☐

<b>DUE DATES:</b>	<b>First Semester</b>	<b>Second Semester</b>
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
<b>COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:</b>		

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: <b>37 Pondera</b>			District: <b>0671 Dupuyer Elem</b>		District Level: <b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
2	1246	No	STENSON, MARY A	3.00	_____
2	1414	No	CHRISTENSEN, KEVIN & CARLA	1.00	_____



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Date			Signature, Chair, Board of Trustees		
County:			District:		District Level:
<b>37 Pondera</b>			<b>0674 Conrad Elem</b>		<b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
10	1248	No	BLISS, AARON	1.50	_____
10	1249	No	BONSER, CARL	0.33	_____
10	1250	Yes	JOHNSON, JILL	0.25	_____
10	1254	Yes	PETERS, JULENE	1.13	_____
10	1255	Yes	RATZBURG, JAYNE	1.50	_____
10	1257	No	RUES-TAFT, CYNTHIA	1.38	_____



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Date			Signature, Chair, Board of Trustees		
County:			District:		District Level:
<b>37 Pondera</b>			<b>0675 Conrad H S</b>		<b>High School</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
10	1250	Yes	JOHNSON, JILL	0.25	_____
10	1251	No	JONES, PAUL R	0.50	_____
10	1252	No	JUDISCH, CHARYL	2.80	_____
10	1253	No	MARTIN, CLAUDIA	1.90	_____
10	1254	Yes	PETERS, JULENE	1.12	_____
10	1255	Yes	RATZBURG, JAYNE	1.50	_____
10	1256	No	SEIDLER, SANDRA L	4.50	_____



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County: <b>37 Pondera</b>			District: <b>0680 Valier H S</b>		District Level: <b>High School</b>	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
18	1258	No	HITCHCOCK, MARK		1.00	